Attorney's Docket No. 17207-00010

DECLARATION AND POWER OF ATTORNEY

is attached hereto

As a below named inventor, I hereby declare that:

[\[\]

(check one)

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND SYSTEMS FOR AUCTIONING OF PRE-SELECTED CUSTOMER LISTS, the specification of which:

[]	was filed ona	as Application Serial N	No	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations $\S1.56(a)$.				
I hereby claim priority benefits und and, insofar as the subject matter application in the manner provided disclose material information as de filing date of the prior application at	of each of the claims of this ap by the first paragraph of Title 35, fined in Title 37, Code of Feder	oplication is not discluding United States Code, § al Regulations, §1.56	osed in the prior United States 112. I acknowledge the duty to (a) which occurred between the	
Application Serial No.	Filing Date	Status (pater	ited, pending, abandoned)	
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:				
Application Serial No.	Filing Date	Ad	_Additional provisional application numbers are listed on a	
		suj	oplemental ority sheet attached hereto.	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (<i>list name and registration number</i>) Ronald E. Myrick, Reg. No. 26,315; Henry J. Policinski, Reg. No. 26,621; Jay L. Chaskin, Reg. No. 24,030; Henry I. Steckler, Reg. No. 24,139; and James W. Mitchell, Reg. No. 25602, all of General Electric Company, 3135 Easton Turnpike, Fairfield, CT 06431; and John S. Beulick, Reg. No. 33,338; Patrick W. Rasche, Reg. No. 37,916, Michael Tersillo, Reg. No. 42,180; Gordon F. Sieckmann, Reg. 28,667; Bruce T. Atkins, Reg. No. 43,476, Alan L. Cassel, Reg. No. 35,842; Stephen R. Cooper, Reg. No. 42,437; Robert E. Slenker, Reg. No. 45,112; Donald R. Holland, Reg. No. 35,197; Natu J. Patel, Reg. No. 39,559; and Robert B. Reeser III, Reg. No. 45,548 all of Armstrong Teasdale LLP, One Metropolitan Square, Suite 2600, St. Louis, MO 63102, jointly, and each of them severally, my attorneys and attorney, with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.				
Send Correspondence to:			Direct Telephone Calls To:	
John S. Beulick Armstrong Teasdale LLP One Metropolitan Square, Suite 20 St. Louis, MO 63102-2740	500		John S. Beulick 314/621-5070	
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Post Office Address:

DECLARATION AND POWER OF ATTORNEY

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

Full Name: Oumar Nabe Date: ____ Residence: New York, NY 10032 Citizenship: US Post Office Address: 765 Riverside Drive, Apt. #6D, New York, NY 10032 SECOND JOINT INVENTOR, IF ANY: Full Name:__ Date: _____ Residence:___ Citizenship:_ Post Office Address:___ THIRD INVENTOR, IF ANY: Full Name: Date: ____ Signature: ___ Citizenship:____ Post Office Address:____ FOURTH INVENTOR, IF ANY: Full Name: Date: _____ Signature: ___ Residence: Post Office Address: FIFTH INVENTOR, IF ANY Full Name:_ Signature: ___ Date: Residence: